

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	smc		11/1/99
O.I.P.E. CLASSIFIER	pr		11-5-99
FORMALITY REVIEW		71622	11-16-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	9/22/01
2	2/6/02
3	10-11-02
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheets

BEST AVAILABLE COPY

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